CLINICAL PRIVILEGES - PODIATRIST

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance. ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. (Make all entries in ink.)

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. (Make all entries in ink.)

- CODES: 1. Fully competent within defined scope of practice. (Clinical oversight of some allied health providers is required as defined in AFI 44-119.)
 - 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)
 - 3. Not approved due to lack of facility support. (Reference facility master privileges list.)
 - 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)			NAME OF MEDICAL FACILITY						
I. LIST OF CLINICAL PRIVILEGES – PODIATRIST									
Requested	Verified		Requested	Verified					
		A. OPERATIONS – FOOT			A. OPERATIONS - FOOT (continued)				
		1. Achilles tendon repair			37. Incision and drainage of infections and				
		2. Amputation - forefoot			hematomas				
		3. Amputation - midfoot			38. Congenital pediatric deformities - nonsurgical				
		4. Amputation - hindfoot			39. Congenital pediatric deformities - surgical				
		5. Arthrodesis - minor			B. OPERATIONS – ANKLE				
		6. Arthrodesis - major			1. Arthroscopy				
		7. Arthroplasties			2. Arthroscopic synovectomy and				
		8. Arthrotomies			chondroplasty				
		9. Biopsy-skin, soft tissue and bone			3. Ligament and tendon repair and				
		10. Bone grafting			reconstruction of ankle				
		11. Bone lengthening procedures			4. Fasciectomy leg				
		12. Excision of soft tissue and tumors			C. BURNS AND ULCERS				
		13. Excision of bone tissue and tumors			1. Acute treatment of thermal, chemical, and				
		14. Fasciectomy of foot			electrical burns				
		15. Fasciotomy of foot			2. Acute treatment of skin and deep ulcers				
		16. Grafting - skin split thickness			3. Contracture releases				
		17. Grafting - skin full thickness and synthetic materials			Stabilizing procedures of tendon, bone, or joint by internal and external devices				
		18. Nerve - exploration release and excision			5. Acute treatment of trauma - foot and ankle				
		19. Osteotomy - forefoot			D. FRACTURES – FOOT				
		20. Osteotomy - midfoot			Open reduction and internal fixation/closed - toes				
		21. Osteotomy - hindfoot			2. ORIF/closed - forefoot				
		22. Osteomyelitis and septic joint - drainage of			3. ORIF/closed - midfoot				
		23. Phalangization or digit transposition			4. ORIF/closed - hindfoot				
		24. Prosthetic replacement of bone and joints			5. Removal hardware - foot				
		25. Release and/or excision of muscle, tendon, fascia, ligament, nerve, and bone/ossicles			E. FRACTURES – ANKLE				
					1. ORIF/closed				
		26. Tendon grafting			a. Unimalleolar				
		27. Tendon repair, lengthening, shortening,			b. Bimalleolar				
		and transposition			c. Timalleolar				
		28. Scar/keloid revision			d. Fibula				
		29. Skin plasties			e. Tibia				
		30. Syndactyly and polydactyly procedures			2. Removal of hardware from ankle				
		31. Tarsal tunnel release			F. CLINICAL				
		32. Ligament repair and reconstruction of foot			1. Admission history, parts 1, 2, and 3				
		33. Nail surgery			2. Admission physical - lower extremity				
		34. Cryosurgical removal of skin lesions			3. Medications normally used in podiatry				
		35. CO ₂ laser treatment for skin lesions			4. Continuation of medications for podiatry				
	_	36. Electrosurgical removal of skin lesions			inpatients				

l.		LIST OF CLINICAL PRIVI	(Continued)		
Requested	Verified		Requested	Verified	
		F. CLINICAL (continued)			F. CLINICAL (continued)
		5. IV medications			15. Prescribe shoe modifications and special
		a. Antibiotic therapy			footwear
		b. Narcotics			16. Anesthesia - local
		6. Arthrocentesis			17. Anesthesia - regional
		7. Peripheral venipuncture; start intravenous lines			18. Conscious sedation - IV
		8. Basic life support (BLS)			19. Debridement of nails, corns, and calluses
		9. Advanced cardiac life support (ACLS)			20. Injection of corticosteroid medications
		10. Podo-pediatrics			21. Treatment of verruca
		11. Podo-geriatrics			G. OTHER (Specify)
		12. Hyperbaric oxygen treatments			1.
		13. Order/interpret laboratory, radiographic examination			2.
					3.
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		14. Prescribe/dispense foot/ankle braces,			4.
		splints, orthotics			5.
SIGNATURI	E OF APPL	ICANT		1	DATE
II.		CLINICAL S	UPERVISOR	'S RECOM	MENDATION
∐ R	ECOMME	ND APPROVAL RECOMMEND APPROVA		IFICATION	RECOMMEND DISAPPROVAL
		(Specify below	v)		(Specify below)
010111		IOAL OUDEDWOOD #			
SIGNATURI	E OF CLIN	ICAL SUPERVISOR (Include typed, printed, or stamp	ed signature	block)	DATE

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